

MARGIN RESERVED FOR BNL
WRIT - FAMILY WITH UNFADING INK - THIS IS A PERMANENT RECORD
N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of _____
or
City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206
County Registrar No. _____
Local Registrar No. 194

No. Cor. Hill and Ash St., St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rex Waldo Wight, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth 7 27 1925
Month Day Year

8. FATHER
Full name William Levi Wight,

14. MOTHER
Full maiden name Loie Dalton,

9. Residence (Usual place of abode) Globe,
If non-resident, give place and state. Arizona.

15. Residence (Usual place of abode) Globe,
If non-resident, give place and state. Ariz.

10. Color or race White, 11. Age at last birthday 46 (Years)

16. Color or race White 17. Age at last birthday 57 (Years)

12. Birthplace (city or place) _____
(State or country) Texas,

18. Birthplace (city or place) Safford,
(State or country) Ariz.

13. Occupation Miner,
Nature of industry

19. Occupation Housewife,
Nature of industry

20. Number of children of this mother - (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:45 P.M.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature B. E. Wight (Physician or midwife).
Address Globe, Ariz.

Given name added from a supplemental report. _____
Month, day, year _____ Filed 7/30 1925 W. W. Wood
Local Registrar.

963-727-345 Registrars
County Registrar.